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CONFIRMATION NO. 4127

<b>SERIAL NUMBER</b> 10/643,743	<b>FILING OR 371(c) DATE</b> 08/19/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> 701826-054340
<b>APPLICANTS</b> Real Lemieux, Ste-Foy, CANADA; Josee Lamoureux, Charlesbourg, CANADA; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/404,416 08/20/2002 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 11/18/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Wm</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 50828				
<b>TITLE</b> Purification of polyreactive autoantibodies and uses thereof				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	